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ORIGINAL

UNITED STATES DISTRICT COURT

Case 4:12-cv-00551-A Document 1 Filed 08/07/12 Page 1 of 6 PageID 1

U.S. DISTRICT COURT  
NORTHERN DISTRICT OF TEXAS

FILED

AUG - 7 2012

17:04  
9/3/12

CLERK, U.S. DISTRICT COURT

By

Deputy

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

MICHAEL Kennedy Lewis # 0194329

Plaintiff's name and ID number

Tarrant County Fort Worth

Place of Confinement

412

CV-551-A

Case No.

(Clerk will assign the number)

v.

Tarrant County FT. WORTH

Defendant's name and address

Med. Cal (TPS) 160113 Central

Defendant's name and address

Defendant

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.**
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$350.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$350 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

#### CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

#### I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment? YES ☒ NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: 7-26-2012

2. Parties to previous lawsuit:

Plaintiff(s) ALICIA KENNEDY LOUIS

Defendant(s) PRISON COURT / Jail Medical DEPT.

3. Court: (If federal, name the district; if state, name the county.) \_\_\_\_\_

4. Docket Number: \_\_\_\_\_

5. Name of judge to whom case was assigned: \_\_\_\_\_

6. Disposition: (Was the case dismissed, appealed, still pending?) \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: Tarrant County Jail

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution?

☒ YES ☐ NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Michael Kennedy Lewis  
100 N<sup>th</sup> Lamar Ft. Worth Texas 76102

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Tarrant County Jail Medical Dept.  
100 N<sup>th</sup> Lamar Ft. Worth Texas 76102

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. Medical Malpractice

Defendant #2: John Peter Smith Hospital

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Medical Malpractice was cut surgery and still without consent

Defendant #3: Adam Perry Tarrant County Jail med Dept

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Refusing Medical Treatment

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I WAS SEEN BY Tail Med Dept. And I Pulled a Groin Muscle They did Surgery And it Did Not Heal I Went Back I Broke out with Blood Clots And Sore over my Baby exactly where I Was cut. Then J.P.S Hospital cut me again supposedly Vacuuming me from all infection And I Broke out again Cause I Was Not given Medical Supplies A Med nurse Adam Perry Refused me treatment over and over then After I had surgery 2 days later Put Tape on my Groin Pulled Stitches out And I Had to Go Back to Hospital. I Now Have to Go Back 7-27-2012 And see Surgeon About Another Surgery in The same Spot where They Keep Messing up. Nurses and Officials Tell me to F.I.R get a Lawyer. THEN 7-27-2012 I Went Back to JPS And the Surgeon Started And Emailed the med Dept. They Was Not Treating Correctly.

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Remove ADAM PERRY And <sup>Pay</sup> ~~Pay~~ me 300,000.00 Three Hundred dollars For Medical Malpractice for Pain and Suffering

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Michael Kennedy Louis

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

487670 581312

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☐ YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division):

2. Case Number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied?

☐ YES ☒ NO

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES \_\_\_\_\_ NO

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): \_\_\_\_\_
2. Case Number: \_\_\_\_\_
3. Approximate date warnings were imposed: \_\_\_\_\_

Executed on: 7-27-2012

DATE

Michael Kennedy Lewis  
(Signature of plaintiff)

#### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this 7-27-2012 day of July, 2012.  
(Day) (month) (year)

Michael Kennedy Lewis  
(Signature of plaintiff)

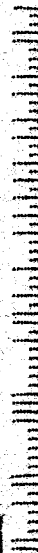
**WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.**

MR Michael L. Lewis 6194329  
100 LCM Court  
Fort Worth Texas 76102

RECEIVED  
U.S. DISTRICT COURT  
NORTHERN DIST. OF TX  
FORT WORTH DIVISION  
2012 AUG -7 AM 11:04  
CLERK OF COURT

LEGAL MAIL

7610233753



412 CV-551-A  
UNITED STATES DISTRICT COURT  
581 WEST 10TH STREET, Room 310  
FORT WORTH TEXAS 76102-3673

